

Name of Artist *Theresa Popovitch*

(Please Print Name)

Address of Artist *Rainbow Hospital S. Euclid O.*

Title of Work *Table runner*

Location of Scene

Class of Work *Weaving*

Selling Price *4 50*

Owned or lent by *The Rainbow Hospital*

Permission to reproduce is assumed
unless objection is noted here.

Size *11 1/2" x 33 1/2"*

Please fill out one card for each work to be entered and mail *not later than*
April 3, 1923, to

THE CLEVELAND MUSEUM OF ART
Station E, Cleveland, O.

FIFTH Annual Exhibition of work by CLEVELAND ARTISTS AND CRAFTS-
MEN, May 1 to June 3, 1923. [over]

1455

Registration No.

T. R. No.

Accepted

Rejected

Award